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Journeying to visibility: An autoethnography of self-harm scars in the therapy room

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Abstract

This autoethnography explores the experience of a therapist negotiating the visibility of their self-harm scars in the therapy room. Its form takes the shape of the author's personal meaning-making journey, beginning by exploring the construction of the therapist identity before going on to consider the wounded healer paradigm and the navigation of self-disclosure. A thread throughout is finding ways to resist fear and shame as both a researcher and counsellor. The author concludes by recounting fragments of sessions from the first client she worked with while having her scars visible. While not every therapist will have self-harm scars, all therapists have a body which plays "a significant part of his or her unique contribution to therapy" (Burka, 2013, p. 257). This paper is, therefore, potentially valuable to any therapist, at any stage of development, who seeks to reflect on the role of the body and use of the self.

KEYWORDS

autoethnography, counselling, self-disclosure, self-harm, visibility, wounded healer

1 | INTRODUCTION

I push the keyboard away and announce to the room that I am feeling stuck trying to write this paper. "What's it about?" my colleague asks, taking the bait for my procrastination. I roll my chair to her desk and whisper my

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explanation—the low-volume-necessary etiquette in an open plan office—but also a comfortable way to practise speaking out loud what seems to be so challenging for me to say.

I tell her I want to write about my scars. I want to think about how I arrived at a place where I was able to have them present in a session with a client, the self-inflicted white lines that criss-cross my forearms. I want to think about what self-disclosure is when it's applicable to the presence of the body rather than spoken words. I tell her I am stuck because I don't know where to start. She asks me to explain the "stuckness" so I pause for a moment, tuning in to the mental roadblock I can't seem to pass. It tells me to be quiet, to change the subject. I resist.

"I don't know where to start because I'm unsure what feels safe to share," I say. "I keep thinking about the ways in which people might read it and make judgements. And I keep thinking that maybe nobody wants to read it at all."

"Well, it doesn't sound like stuck-ness," my colleague says. "It sounds like fear."

2 | AUTOETHNOGRAPHY

It was fear. And in having it named, I was able to ask myself the question: why am I afraid to write this paper?

Autoethnography is a qualitative research method in which the researcher becomes the subject of the research, with the purpose of examining an aspect of lived experience in cultural context (Ellis, 2004). It appears to be well suited to counselling research, given its alignment with reflective practice (Meekums, 2008), an essential aspect of counsellor growth and development. Reflexive practice permits practitioners to make use of the self in therapeutic encounters, a significant factor in effective therapeutic relationships (Johns, 2012). Autoethnography also offers the possibility of thicker and more creative qualitative accounts of practice (Siddique, 2011), which "shed light on the counselling experience" (Wyatt, 2013, p. 6). This means it has the potential to make exploration of the therapeutic space familiar to both insiders and outsiders (Ellis, Adams, & Bochner, 2011). It is also a method which requires deliberate vulnerability and careful consideration of what to reveal or conceal. My writing therefore became both process and product (Ellis et al., 2011) as actively journeying to visibility through this research allowed me to attune more clearly with my journey to visibility in the therapy room.

Becoming aware of my fear was a powerful moment in this process, and a realisation that I still carry an expectation that I will be judged poorly if I reveal my scars or openly discuss my experiences of self-harm. This appears to be a common phenomenon, as 82% of Rosenrot and Lewis's respondents reported shame as a prominent factor in preventing disclosure of self-harm, with interviews reflecting "a fear about what their self-injury meant about them and the type of people they were" (2018, p. 19). That self-harm might invite particular judgement is also commented on by Chaney (2019), who explains "the description of someone as a self-harmer leads immediately to other assumptions about them." This is in addition to the "judgement, debate, observation, and ridicule" the female body has long been vulnerable to (Russell-Mayhew, 2018, p. 144) which encourages habitual self-surveillance to ensure adherence to accepted norms (Bordo, 1993). If my body equals my worth, then perhaps I am unworthy—a frightening prospect. Overall, as Chandler (2016, p. 110) surmised, there are "social and moral risks borne by those whose self-injury becomes seen." In creating this paper, then, there is a fear around these risks—and I suspect they are preying on my mind more than I am aware. I find myself having dreams in which I lose things—my purse, my keys, my glasses—items without which my vulnerability in the dream-world feels increased as I struggle to get home, struggle to see. When awake I procrastinate profusely, avoiding sitting down to write or edit by choosing any alternative activity that comes my way. When I do write, my focus is disrupted by tangents and time travel to moments of past self-harm.

Just now, for example, a memory expands across my mind like an elephant stopping traffic by trampling into the middle of a road. It is of the minutes before my first episode of self-injury which required stitches, when I moved from the small scratches which had previously resulted in barely noticeable marks to wounds which would leave me with thick, raised white scars. I remember holding out my left arm that day, examining it like a picture one does not

want to forget. I counted the freckles and there was a sadness, a realisation somewhere that I was about to change my body forever: "this arm will never look like this arm again." But I needed to do it. I needed to be changed in order to survive.

The elephant fades away like mist and I'm back to this paper. Do I share this? This moment that makes my stomach tighten at the thought of someone reading it? In deciding what to share in an autoethnographic work Tenni, Smyth, and Boucher (2003, p. 4) asserted that "we must write about what we really prefer not to write about . . . the messy stuff—the self-doubts, the mistakes, the embarrassments, the inconsistencies, the projections and that which may be distasteful". Similarly, Martin (2010, p. 10) stated that therapists "stand a better chance of making an authentic relationship with those we seek to help if we are prepared to celebrate our scarred, glorious, mis-shapenly successful, and often faulty selves for what we are." It is precisely the "limitations, flaws and vulnerabilities [that] can discourage and shame us [that] are also an opportunity to go beyond what we thought were our limitations to change and grow" (Aponte & Kissil, 2016, p. xii).

Such disclosures however, as stated, carry risks and Bruni (2002) suggests a list of ethical considerations one should make when becoming visible in research, many centring around possible legal and employment repercussions. This was my most obvious source of trepidation; finding myself in professional disrepute as a therapist and a researcher, of being seen to have failed a client in some way or to be accused of "self-indulgent navel gazing" (Sparkes, 2002). In considering what to write then, much like with the negotiation of showing my scars or not in the therapeutic environment, it was necessary to consider the function of the act. What do I hope to achieve by sharing my experiences?

One aim is to benefit from the personal opportunities for transformation autoethnography offers, facilitating as it does interaction with the self of the past, while integrating the person of now (Anderson, 2001). Another is to become more aware of the social and cultural processes which make up our lives (Marks, 1999), making visible for exploration—and disruption—the wider influences and structures which inform identity. I also hope to affect wider change by disrupting dominant representation within the profession of therapy (Denshire, 2014), and by inviting discussion of living with scars as an underexplored and oft-overlooked element of self-harm (Lewis & Mehrabkhani, 2016).

The form of this paper takes the shape of my meaning-making journey, beginning by exploring the construction of the therapist identity before going on to consider the wounded healer paradigm and navigation of self-disclosure. A thread throughout is finding ways to resist fear and shame, as both a researcher and counsellor. I conclude with my current lived conclusion, recounting fragments from the first client I worked with while having my scars visible. While not every therapist will have self-harm scars, all therapists have a body which plays "a significant part of his or her unique contribution to therapy" (Burka, 2013, p. 257). This paper is, therefore, potentially valuable to any therapist, at any stage of development, who seeks to reflect on the role of the body and use of the self.

3 | THE (IM)PERFECT THERAPIST

Judith Butler (1999) suggested that rather than inhabiting fixed identities our lives are continuous acts of becoming through performative roles and actions. When we learn to become therapists then, we perform in alignment with the role models available. When I do a Google image search for "therapist," my screen fills with a sea of immaculately presented men and women dressed in soothing pastel colours comforting people who hold their heads in their hands. If I scroll down there are different races, ages, and weights represented. No scars though. No marks of any kind upon the skin. I think back to my own experiences as a client, to practitioners less airbrushed, more eclectically robed, and without as much custom furniture as the ones in the pictures. But still, none presented with any physical marks of difference on the body. The very real impact of this was that I often made sure to have my own arms covered when I met with them as a client. As Richards (2008) stated about disclosing her illness story: "I do not want to be seen as defective. So I fake normality." I did not trust them to understand.

Writing about her own experience of scars from dermatillomania—which she considers to be distinct from self-harm—Devonald (2016, p. 23) shares that when she began her counselling training her skin picking habit was “an action that embarrassed me and of which I was ashamed.” Thinking back to the start of my own training, I felt similarly. I can recall getting dressed for the first day of the course by layering up my clothes, sleeve upon sleeve, just in case. Gradually, I grew more comfortable and more confident. I could roll up my sleeves when working in small groups and nobody reacted in horror or told me I couldn't pursue this career. Each day, without really noticing, I became a little more visible. The nonjudgmental nature of the course helped with this. The underpinning philosophy of the course, pluralism, was also helpful. Rejecting the monistic idea of a single truth, pluralism refers to the idea that there are many valid responses or answers to any significant questions about the nature of reality (Rescher, 1993). In drawing on this, the pluralistic framework for counselling practice, developed by Cooper and McLeod (2007), acknowledges that both client and therapist can make use of the multitude of ideas and methods from across counselling literature, as well as from their social and cultural lives. This permits a frame of both/and, in which all knowledge is valuable, allowing the therapeutic relationship to embrace uncertainty and to be responsive to client diversity. A pluralistic therapist's identity is also constructed within this frame by utilising whatever ideas and methods make sense to the professional self, with difference as something to be celebrated. I found a sense of freedom in embracing this: that there is no single “correct” way to support a client's therapeutic goals. In fact, I delighted in the creativity it awarded me.

Applying such flexibility to myself, however, was more challenging—particularly in relation to my scarred body - and when I started meeting clients my visibility regressed. The weight of being responsible for another's wellbeing as a novice counsellor saw me conceal what I felt presented any chance for disruption to the therapeutic relationship, preventing me from viewing my scars in any way as a possible asset. Watermeyer (2009, p. 10) wrote that the body “indelibly mark[s] out to the observer constraints upon what or whom the soul it carries may be.” I needed my body to communicate no such constraints. Concealing them also allowed me to consider it a topic that did not require discussion with my clinical supervisor. Such purposeful non-disclosure appears to be a common phenomenon amongst trainees in order to “protect themselves from anticipated negative judgement” (Singh-Pillay & Cartwright, 2019). It is only in hindsight, however, that I recognise these motivations. At the time I considered the question of revealing my scars to clients to be no question at all. *Of course* the “correct” thing would be for them to remain concealed as I performed the role of counsellor. This was largely due to a belief that it was not possible to be a therapist with visible self-harm scars because, as illustrated, I had never seen a therapist with visible self-harm scars. This is not to say they did not—and do not—exist, but as “one's self is always crafted with the resources available, within the contexts and conventions operating at the time” (Millard, 2019, p. 12) my therapist identity had been deliberately crafted as a scar-free version of me. I remained untroubled, even smug at times, with this crafted self until an incident in which I was forced to confront the reality of my visibility dilemma. On the way to a session I spilled something onto my long-sleeved top. Available in my car was an alternative shirt suitable for the setting but the sleeves were not full length. I can still remember the heat running to my face as I faced the sudden prospect of my scars being visible, not just to my clients, but to the other staff in the agency. I pictured the welcoming smile of the receptionist fading away at the sight of my skin and I began to sweat. I stayed in the stained shirt for the entire day. It was a jarring moment of realisation. I had to admit to not considering the complexity of my situation at all, to bandying about the term “self-disclosure” only as a convenient professional shield with which to render part of myself invisible and deflect uncomfortable self-exploration. I found myself unsure where to even make a start on such an exploration, and I find a similar uncertainty now, along with a reluctance to publicly reveal what I experience as a professional imperfection.

This desire to be perfect appears common to those in the counselling profession. Kottler and Blau (1989) noted that therapists often struggle with perfection, living with expectations of clients, society, and themselves that they might never match up to. In his foreword for *What Therapists Don't Talk about and Why*, Koocher (2006, p. ii) asked “Is it ok to be a ‘good enough’ therapist, or must I pursue the mythical ideal of practice?”. In considering therapists' experiences of imposter syndrome, DeAngelis (1987) found more than half of his respondents felt fraudulent in their

professional roles at some time in their career. McIntosh (1989, p. 2) advised that when such feelings of fraudulence arise, “the trick . . . is to try to hold onto the very feelings that are giving you the most trouble and trust them to lead you to some new ground, some new way of seeing or being.” By attempting to identify the source of discomfort, one can become aware of what is being said or perceived about one’s professional role which does not fit with one’s “baseline sense of authenticity” (McIntosh, 1989). In my case, being seen as a competent therapist provokes twinges of inauthenticity because my concept of the “ideal” therapist body as unscarred does not match the body I inhabit. This certainly links with an internalisation of wider societal perceptions of, and attitudes to, self-harm and is essential to explore as “personal struggles with crises or with certain aspects of identity (particularly those of the body-self) sometimes enhance, sometimes limit, but *always* [emphasis added] affect our counselling work” (Gerson, 2013, p. xiii).

Reeves (2013) lists a myriad of acts which could be considered self-harm—from direct methods such as burning to indirect methods such as substance abuse. My own brand of self-harm was to cut. Over 14 years I accrued a web of scars across both forearms, which announce themselves as self-inflicted in their pattern and number. My personal understanding of this practice aligns with the framing of self-harm as a method of personal survival—an “embodied response to mental distress” (Roberts, 2018). Some counsellors appear to struggle with the emotional impact of having a client who self-harms, recounting shock, sadness, anxiety, and disgust (Fleet, 2010; Nafisi & Stanley, 2007; Walsh, 2008). Therapists have also reported experiencing clients’ continuation of self-harm during therapy as a personal failure (Fox, 2011). Often then what is communicated to clients is that self-harm needs to stop. Lewis and Hasking (2019), however, warn against considering self-harm as a black and white cessation issue, and Reeves (2013) reminds us that the client may not consider the reduction or cessation of self-harm as a primary goal of their therapy.

I did not need to learn the above from literature. I already knew that there are many ways to hurt myself; that I did it to stay alive; that those in helping professions often struggle with negative responses and can apply a pressure to cease which seems to be more about their own discomfort than my wellbeing; and that everyone will have their own story of what self-harm is and what it does for them, which will guide their therapeutic goals. White and Epston (1990) termed this “insider” knowledge—knowledge about life, coping, and living earned by membership of a particular culture or community. It is important to clarify that by declaring insider knowledge I am in no way claiming to understand everything about self-harm. As McHale and Felton (2010) assert, it is a highly individual phenomenon—and while existing knowledge (whatever its form) is useful, enquiring as to the client’s own conceptualisation of self-harm should be considered essential. Every client brings with them such knowledge, yet it is often not valued as highly as the “specialist professional knowledge” the therapist is thought to possess (McLeod, 2013). The power imbalance in how these ways of knowing are attributed value is obvious in my urge throughout this paper to support my “lesser” personal knowledge with “proper” specialist knowledge, just as I experience the urge at times in practice to intellectualise my response rather than trust the wisdom learned in other ways. I hope to continue challenging myself around this tendency.

4 | THE VISIBLY WOUNDED HEALER

What might having my scars visible in the therapy room make possible? This was a question increasingly on my mind as I graduated from my counselling course having, by the end of it, acknowledged and written about my scars briefly in coursework, but never yet having had them visible with a client. I took a small step towards an answer when I embarked on a mental health placement in Sri Lanka. The heat forced me out of long sleeves more often than not and I found that it was, actually, okay. In fact, in working without a shared language my scars often seemed to communicate for me, allowing me to fall into a comfortable rapport with patients. “Eka, deka, tuna,” recited an older woman teaching me to count in Sinhala by totting up my scars, her finger running along my arm. One, two, three.

Clare Shaw (2013, p. 5) wrote that “the biggest and most constant challenge—and opportunity—is to live with each other—and ourselves—with acceptance and love; to show by our lives that living with hurt, and that being scarred, is nothing to be ashamed of.” Having scars visible, then, offers the possibility to challenge and change attitudes—even about our own selves. It could also assist in facilitating the factors identified as helpful by those who self-harm in interactions with therapists and other sources of support—tolerance, understanding, and hope (Bywaters & Rolfe, 2002; Lindgren, Wilstrand, Gilje, & Olofsson, 2004). Specifically, Bywaters and Rolfe (2002, p. 32) found that “it would be useful for people who self-injure to realise that they are not alone.”

At this point in my own journey, now back in the UK, I had begun to build the visibility of my scars in social situations and in my work as an educator. I pursued opportunities to attend conferences around self-harm to network with service users, researchers, and practitioners—and those, like me, who spanned all three. I began to grow more comfortable in my own identity. However, I still remained wary of having my scars visible in the therapy room. I therefore began to seek ways to explore and understand the place of my scars through ideas such as the “wounded healer.” This refers to experiences of pain and distress which many practitioners consider motivational in their career choice and central to their availability to others, situating woundedness as a source of healing power and tacit knowledge that can benefit clients (Martin, 2010; Miller & Baldwin, 2000; Wolgast & Coady, 1997). While primarily a reference to psychic wounds, I find it a useful access point to consider my own actual physical ones. Zerubavel and Wright (2012, p. 482) asserted that it is important to remember that being wounded does not in itself ensure potential to heal. Rather, this potential is made possible by recovery—“the more healers can understand their own wounds and journey of recovery, the better position they are in to guide others through such a process, while recognising that each person's journey is unique.” While the definition of a scar is a healed wound, Lewis and Mehrabkhani (2016) highlight that individuals with self-harm scars may have further levels of healing to journey through as they accept or reject their marked bodies. For those who move to some level of acceptance, development of a positive and strength-based recovery narrative appears important. Shaw (2013, p. 5) gives an example of such a narrative: “my scars tell the story of my own immense determination not just to survive, but to have a life worth living.” Following the physical repair of the body, then, additional emotional healing is necessary before the journey of this particular woundedness can be understood and utilised in the helping of others. This would suggest that those actively engaging with self-harm, and thus possessing healing wounds rather than scars, may have to think carefully about how and if they might utilise their woundedness.

Zerubavel and Wright (2012, p. 483) express surprise that few therapists have produced detailed reports about such journeys, about “what it *means* ... to process, resolve, or recover from a wound in such a way that it might enhance, rather than interfere with, providing effective psychotherapy.” This is in fact *unsurprising* given the potential for competency to be questioned by peers, supervisors, and professional bodies when vulnerability is revealed. It took me until I was qualified to even begin having conversations in supervision about my scars, needing some sort of external legitimacy from my degree to give me the courage to do so. While the intended application of the “wounded healer” paradigm is to make possible a duality of wounded *and* healer (Zerubavel & Wright, 2012), in reality what is often experienced is a pressurised dichotomy of wounded *or* healer, illustrated in this quote from a trainee clinical psychologist: “If I share my lived experience, my professionalism is compromised, and I risk ongoing prejudice. The implication that we must be either, not both, is pervasive, unaddressed, and exhausting” (Rhinehart, Johnson, & Killick, 2019, p. 121). Trainee mental health practitioners in particular can feel additional pressure to perform, meaning disclosure of information which may mark them as “different” or having a “weakness” is often avoided (Rhinehart et al., 2019). For many therapists, then, any woundedness becomes a “secret masked by professionalism,” the danger of which is living a “ghost life dictated by the ubiquitous and unhelpful professionalisation of our humanness” (Martin, 2010, p. 12). This resonates with the “crafted-self” I described earlier, a professional façade under which discomforting and anxiety-provoking issues could remain unsaid/invisible. Writing publicly about such instances is one way to disrupt such masking, an endeavour useful for both the writer and, it seems, the reader. Gerson (2013) described writings which reveal the professional unsaid as “comforting and useful,” Koocher (2006) asserted that they create spaces for open dialogue, and Kottler and Blau (1989) explained that they can enable the “practice

[of] our profession more realistically.” I have a vivid memory early on in my training of reading Kottler and Carlson's (2013) *Bad Therapy: Master Therapists Share Their Worst Failures* and feeling relief flooding through me that therapists could not only make mistakes, but that they could talk about them without the world collapsing. That this felt revelatory is indicative of its rarity.

5 | NAVIGATING SELF-DISCLOSURE

In identifying as a self-harmer in her research, Chaney (2019) acknowledges a fear of losing credibility. This aligns with Goffman's (1963) work on stigma, where he described those with a concealable stigma (such as self-harm scars) as being “discreditable.” An awareness of the possibility for devaluation can lead people to keep a constant vigil for threats of being “revealed.” Unsurprisingly, this is an emotionally taxing endeavour (Steele, Spencer, & Aronson, 2002). In thinking of the implications of this I am reminded of the opening lyrics of Jason Isbell's song “Cover Me Up” in which he described a heart on the run as being unable to trust anyone. For me, these lyrics capture that being in state of constant tension around being “found out” is destabilising, reducing capacity for trust and increasing defensiveness. This is not ideal for the therapist who seeks to be present, authentic, and congruent. Reaching a place of open disclosure or “broadcasting” (Corrigan & Matthews, 2003) can reduce such tension, allowing increased self-acceptance (Pachankis, 2007) and fostering “a sense of power over the experience of mental illness and stigma” (Corrigan & Matthews, 2003, p. 246). I began “broadcasting” by writing and speaking about my own experiences, finding it to be essential in facilitating, developing, and maintaining a new level of self-compassion. For therapists, the ability to offer oneself such compassion appears to be essential, especially when combined with professional self-doubt, with Nissen-Lie et al. (2015) finding that such practitioners had the most successful client outcomes.

Broadcasting around self-harm can bring challenges, however, because—as Chandler (2016) suggested—there are normative social expectations around hiding it. She considered its frequent framing as private and secret as a response to the possibility of being charged with attention-seeking, an accusation which “potentially undermines any ‘authentic’ reason for self-injury” (p. 144). Such narratives, Chandler asserted, limit the possibility of alternative reasons for having self-harm visible, and subject the individual to moral judgement. For a therapist, the risk of visible scars being interpreted as attention-seeking brings more than distress, it brings the intimidating possible accusation of unethical practice.

To ensure ethical practice, then, the reasoning for self-disclosure and the possible beneficence for the client must be established (Peterson, 2002). Beneficence is defined by the British Association for Counselling and Psychotherapy (BACP, 2018) as a commitment to promoting the client's wellbeing, and is a core principle of the ethical framework. Possible benefits for clients of personal disclosures by the therapist are improved insight and perspective, an equalised view of the therapeutic relationship with the therapist as human and fallible, modelling of openness, and normalisation of client problems (Peterson, 2002). The process of therapy can also be enhanced, as when the private and personal align for the therapist it can increase their sense of freedom to work on any subject (Blechner, 2010) and therapy can “become more authentic and more alive” (Burka, 2013, p. 275).

Gregoire, Jungers, and White (2012) describe three ways in which disclosures might be made—accidentally, deliberately, or unavoidably. Accidental disclosures are made in surprise reactions or unexpected encounters outside the therapy room. Stein (2011), for example, recounts a client discovering her hidden tattoo after finding a picture of her online. Deliberate disclosures are ones in which the counsellor makes a choice to communicate, either verbally or non-verbally through choices such as what to wear or how to decorate their office. Unavoidable disclosures are information about the therapist which is inescapably conveyed—gender, race, physical appearance. When I think about bringing my scars into the therapy room, I understand them as unavoidable in that I can no more leave them outside the door than I can leave my whiteness, my female gender, my weight, or any other bodily aspect that carries

representations of who I am or might be. However, as my scars can be concealed with clothing choices, they are also a deliberate disclosure. This is the dilemma of visibility.

In exploring the unconcealable position of her body as an overweight therapist, Burka (2013) wrote about the benefits of becoming comfortable with/developing a tolerance for the body as a subject of discourse in the therapy space. Such tolerance is increased, she advised, with flexible thinking, awareness of broader cultural contexts, knowledge of countertransference, and a sense of the body as a site for co-created meaning between client and therapist. Pizer (1997, p. 454) explained that the choice to make a disclosure requires the therapist to be aware of how stable they can remain when faced with uncertainty, "how grounded and prepared she is to deal with whatever surprises of affect or inquiries may arise." That is to say they are responsible for recognising, naming, and coping with any countertransference which may occur. In revealing my scars, then, I should be prepared for the possibility of feeling discredited, and for the thoughts of failure and shame which might be activated. Activities which promote honest reflection (such as journaling and regular supervision) can help prepare for this, honesty being the essential factor to see "personal comfort and professional competence" increased (Kottler & Blau, 1989, p. xiii). Affiliating with other practitioners who have had similar experiences can also be a powerful resource (Blechner, 2010). My first meeting with a fellow mental health practitioner with experience of self-harm certainly brought not only personal comfort and connection, but the ability to begin considering professional issues at a new depth. I also found talking the topic through with regular peers and in supervision was essential in trailing my readiness for the responsibilities outlined, and in exploring how best to blend the professional with the personal in ways appropriate to the particular client and their presenting issue (Aponte & Kissil, 2016).

Given all of this complexity a question which emerges is: why bother? Why not continue my career as a therapist without attending to this dilemma of visibility? Why not continue as a researcher without publishing this paper? The answer lies in the fact that in responding to professional dilemmas we are not merely making choices about being a therapist or being a researcher, we are considering our entire being-in-the-world (Gregoire et al., 2012). Our ethical choices are guided by our wider sense of what it is to live a meaningful life. I began this paper by stating my position as a pluralist, so what ideas do I draw upon for my living? Existentialism has been useful, seeing the good life as one that is lived authentically, each choice being about what is valuable in what we want to create in the world. When faced with professional discomfort around topics which feel unspeakable, "we learn processes of avoidance, masking, and minimisation and begin to model them for our colleagues, our clients, our students, and the public" (Pope, Sonne, & Greene, 2006, p. 2). What is valuable to me is resisting this. By removing the mask to openly inhabit professional services as a dual-experienced practitioner—someone who has both delivered and received mental health services—I can change what I am modelling to all of those audiences, a process which can create hope (Rhinehart et al., 2019). By delivering a narrative of visible self-injury I also have the opportunity to "unsettle more dominant accounts of private, hidden and stigmatised self-injury" (Chandler, 2016). In fact, a potential disrupting outcome of scars being visible in a variety of contexts is that they can increasingly fade into the background to become mundane and unexceptional (Stirling & Chandler, 2020). The potential for such disruptions situates my actions as political, an everyday activism permitting a slow diffusion of social change (Vivienne, 2016).

All of this is valuable to me and motivates me to find ways to be open and present with my body despite the complexities in doing so. Burka (2013, p. 274) asked "if my body remains outside the discourse of therapy what kind of taboo have my patients and I created?" While I value my personal and professional boundaries and consider my body to be my own, I would feel great discomfort at the sense I am doing my clients a disservice by reinforcing socially imposed norms in a relationship imbued with the potential to offer them otherwise.

Ostaseski (2017) writes about how carefully choosing our actions, and repeating them, allows them to become habits which then become character. Using one of his five invitations for living fully—"welcome everything, push nothing away"—I have invited and embraced the fear I named at the start of this paper, believing that "whatever we give space to can move" (p. 101). I am also fundamentally influenced by poststructuralist ideas and the power of narratives. To know my own story, the "personal myth" (McAdams, 1993) that I have composed and revised over the years, is to understand more of where my power and knowledge reside. Tracing one's development as a counsellor

allows rifling through personal history for the narrative threads that will allow a coherent professional tale to emerge. Finding such clarities and coherences helped me learn about my place in the world, the people and places I am connected to, and how I might make change for the better. As Ellis (2009, p. 374) asserts: "That's what I find meaningful and what I find meaningful is what inspires me to go on." By understanding all of these influences, I can appreciate how I make ethical decisions and thus the progression of my "ethical autonomy" as forged by my experiences so far (Gregoire et al., 2012).

As evidenced throughout this paper, I have thought carefully about my journey to visibility, and how I might embrace all the disclosure uncertainties that come with it. I have been somewhat of a philosophical magpie, picking out shiny meaning from across forms of knowledge to try and understand the forces at play upon my body in given contexts so that I might achieve personal change and effect wider discussion. I will now move to my current destination in this journey by sharing an overview of the first client I worked with while having my scars visible: "Layla." A young international student, Layla had spent her time in the UK feeling lonely and isolated. She sought out therapy due to increased anxiety around her course work. She had been engaging in self-harm, and was experiencing suicidal ideation. As Layla was due to return to her home country in just over a month, our time together was limited to just five sessions. From the initial assessment provided to me, I anticipated that my visibility with this client would contribute to relational depth, allowing Layla to feel authentically known and connected (Cooper, 2005). I therefore had my scars visible from the start of our first session. Rather than presenting a full case study, I have instead presented my time with Layla in traces and fragments (Gannon, 2006; Speedy, 2007), illustrating the impossibility of reproducing the original experience (constituted as it was in a particular time and place). It is also an invitation for the reader to fill the spaces in between with their own knowledge, dialogue, and understanding, just as Layla did as client. Furthermore, this style allows me to attempt to capture a sense of the feelings and emotions experienced in our work together.

6 | VISIBILITY IN ACTION

For the first time as a counsellor, I walk into the therapy room with my scars visible.

There is a bubbling, trickling tension in my chest. I'm too exposed. Is this how Layla feels, being in therapy for the first time?

She glances down at my arms and ... nothing. No acknowledgment of even noticing. A complete non-event. I feel relief. And a little foolish for building it up so much, for so long.

She rolls her own sleeves up. Are our scars having their own dialogue now? I verbally acknowledge her wounds. I consider verbally acknowledging mine as well, but I don't. I've said what I need to say by having them present.

On the blob bridge worksheet (Blob Shop, n.d.) Layla identifies herself as the blob hanging over the edge, ready to jump. I ask her: what needs to happen to move back from this ledge?

Goal 1: sleep better.

Goal 2: experience a positive and caring relationship.

We go over the possibilities: CBT to reduce the ruminating anxiety which is keeping her awake, mindfulness relaxation techniques, journaling to get the day out of her head.

How might I know if I am offering a positive and caring relationship?

"You'll listen," she says. "You'll get me."

I can understand self-injury as an act of strength and hope. She is fighting. I know what it takes to hurt yourself. She wants to survive.

I am fully accepting of myself; I am fully accepting of her.

Layla indicates that this week she has mostly been the blob bridge figure chained to the ground. She is away from the bridge, stepped back from the ledge. What does she think about that?

"OK. Maybe OK."

We map out the current relationships in her life in the sand tray. She picks up two stones, one for her, and one for her mother. She puts the stone for her mother directly on top of the stone for herself, grinding it into the sand.

"That's how it is back home."

Our conversations have shifted since our first session: Layla is more confident in directing me. I point this out to her.

She tells me if she's going back home (which she is), and she's going to stay alive (which she wants), she needs "fuel." Fuel is what she calls the memories and artefacts she is collecting to sustain her when she returns to a country, and home, which she experiences as oppressive.

On her timeline of her life she lists her strengths, colours them brightly with yellow pen. Funny. Creative. Writer. Kind. Artistic. "None of these matter back home."

"Do they matter to you?"

Building on Layla's desire to generate "fuel," I offer up a task from narrative therapy to externalise her desire to thrive in order to "thicken" it. She names this desire "The Fire" and we document a plan to keep it alive and burning.

I find myself wishing nothing more than for Layla's Fire to fill the room, to fill it with so much light that she can remember it no matter the dark that might come. I tell her this.

I hold open the door for Layla to leave for the final time. She pauses, staring at my arms.

"Your scars are like mine," she says, pulling her finger across her own arm in a cutting motion. The way she asks is more of a statement, making me think she has been considering my—our—scars for some time.

"Yes," I reply.

She is quiet again, and I resist the urge to cover or obstruct my arms, resist the urge to fill the silence. I'd forgotten, really, truly, I'd forgotten my scars were there.

I wonder why she has chosen this moment, after five weeks together, this in-between of moving from the therapy room to the hall for the final time. Perhaps I could have done more to make a space for this conversation in our sessions, or perhaps this was the right space—neither inside or out. Perhaps there's no right space.

"Maybe, when I go home, I can help people like me. I could be a counsellor."

I am curious about how this has become possible for her, this movement.

I want more time. I think Layla wants more time too—in therapy, in the UK, in the places that feel safe. But our time together is over, I have to trust we have produced enough "fuel" to sustain her, whatever it is made of.

"I think you could be very good at that Layla."

7 | THE JOURNEY CONTINUES

In her memoir of an anxious life, Amanda Stern (2018) wrote that the terrible truth that binds us all is the "fear there's a single, unattainable, correct way to be human." Pluralism can be an antidote to this, reinforcing that there are multiple ways to be in the world—both personally and professionally. While my work with Layla had a positive outcome which saw her distress reduce and her resources for self-management increase, I am unable to say definitively how having my scars visible contributed to this. As my intention for future practice is to continue to have my scars visible with an increasing range of clients, it may be that I am able to investigate this in future work. However, I would also like to see the work of other practitioners contributing to this discussion about how we come to have parts of ourselves visible or invisible, building a beautiful collage of therapist diversity. Though I have no tidy narrative to wrap up, no definitive answer as to how I, or others, might handle dilemmas of visibility or disclosure, this paper illustrates that taking a journey through one's past history and development as a counsellor to identify what has meaning is one method of understanding more about the ideas that guide us as practitioners. Another is honestly investigating the things we avoid, mask, and make invisible. In producing this paper, I have learned about myself and my practice, and have also re-authored my own attitude towards both my own scars and those of others. I hope this paper has gone some small way to inspire readers to do the same.

Scars should not be read as evidence of faulty pathology or a defective personality, but instead, as evidence of distress, meaningful in the context of a life; evidence of the human capacity to endure suffering; to fight to survive; to create meaning in the midst of chaos; to keep loving and living and hoping against all the odds; to struggle and heal, over and over; to reach out to each other; to stand with each other, to move forwards together. (Shaw, 2013, p. 6)

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